



Powering Nevada's Immunization Registry

## So. Nevada Training Registration Form

**\*As of May 4<sup>th</sup>, 2009 anyone registering for a Nevada WebIZ Training must also read, sign & submit a User Confidentiality Agreement (UCA) with their registration form\***

(available for download at [http://health.nv.gov/Immunization\\_WebIZ\\_Policies\\_Forms.htm](http://health.nv.gov/Immunization_WebIZ_Policies_Forms.htm))

**Date:** \_\_\_\_\_ (enter only 1 date)

**Location:** **Clark Co. Government Ctr, 500 South Grand Central Parkway, Las Vegas NV**

**Check ONLY one time slot**

☐ 8:30am – 11:30am

**or**

☐ 1:00pm – 4:00pm

Note: Times listed are two separate sessions with the same information at both sessions. You only need to complete one session.

---

**\*\*\*Please email/fax *one* registration form for *each* attendee\*\*\***

**Attendee:** \_\_\_\_\_

**Direct Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Have you ever used Nevada WebIZ?** ☐ Yes ☐ No

---

**Please email this completed form (and UCA) to:**

**[mtasker@health.nv.gov](mailto:mtasker@health.nv.gov)**

**Or Fax (702) 407-7554**

Confirmation and directions will be sent to the email address provided.  
Questions regarding the training? Call Marie at (702) 933-7328 or (702) 496-0474.